MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06899

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: PRINCE FREDERICK
COUNTY CALVERT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCE FREDERICK
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS CALVERT Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 106 SEYMORE ST.

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) (Last) CLARKE

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT 8, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): HUTTON, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Faherty

14. MOTHER'S MAIDEN NAME: MARY PENDERGAST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: MRS D. DEVILLARREAL, ST LEONARD MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmhage — Interval Between Onset And Death: 10 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension C.V.D.

DUE TO

(c) — Mesenteric embolism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — EMBOLISM RIGHT LEG.

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/11, 1953, to 7/21, 1953, that I last saw the deceased alive on 7/21, 1953, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) R.D. Williams M.D. ADDRESS St LEONARD, MD DATE SIGNED 7/21/53

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial DATE THEREOF July 24, 1953 NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery LOCATION (City, town, or county) Allegany County (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/22/53 REGISTRAR'S SIGNATURE N.W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06900

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick X
LENGTH OF STAY (in this place) 3 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury 08X-Y
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) (Last) Crismond

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Aug 3, 1913
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov
11. BIRTHPLACE (State or foreign country): Odenton, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Otis Crismond
14. MOTHER'S MAIDEN NAME: Lizzie Rawlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-12-3196
17. INFORMANT & ADDRESS: Mrs. Ann Crismond, Marbury, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X

Immediate cause (a) — BRIGHT'S DISEASE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) CHRONIC NEPHRITIS

DUE TO (c) DIABETIS. —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. de Villeneuve M.D. ADDRESS St Leonard DATE SIGNED 7-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-26-53
NAME OF CEMETERY OR CREMATORY Marbury Baptist
LOCATION (City, town, or county) Marbury Md (State)
DATE REC'D BY LOCAL REGISTRAR 7/26/53
REGISTRAR'S SIGNATURE ~~Julia H Casey~~ Dr. Hugh Ward Asst
24. FUNERAL DIRECTOR Hentt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06901

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Galvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Galvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto newborn — 00-01
STREET ADDRESS (If rural give location) 311 E. Hanburg newborn —

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Brooke (Last) Davis, Jr.

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 4, 1953

9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 23 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Prince Frederick, Md

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: William Brooke Davis

14. MOTHER'S MAIDEN NAME: Vera Estelle Barrell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Vera Davis, 311 E. Hanburg St. Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Premature — 6½ months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ?

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0 —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 4, 1953, to July 5, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE H W Ward (Degree or title) Owing Md ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Broomes Island

DATE THEREOF July 5, 1953

NAME OF CEMETERY OR CREMATORY Broomes Island

LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REGISTRAR H. W. Ward

REGISTRAR'S SIGNATURE July 5, 1953

24. FUNERAL DIRECTOR Fisher ADDRESS 311 E. Hanburg St. Balto, Md

2073353301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1953
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06902

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 48-3
STREET ADDRESS (If rural give location) 3425 A. Street, S. E.

3. NAME OF DECEASED: (Type or Print) (First) Aniello (Middle) Charles (Last) Di Giovanni
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 15 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): accountant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Connecticut 06
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene DiGiovanni
14. MOTHER'S MAIDEN NAME: Tomasina Sagsa

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Elizabeth DiGiovanni 3425 AST. SE Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1953 to July 15, 1953 that I last saw the deceased alive on July 15, 1953 and that death occurred at 1:30 pm from the causes and on the date stated above.
SIGNATURE (Degree or title) Eugene Gatt
ADDRESS Prince Frederick
DATE SIGNED 7/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/18/53
NAME OF CEMETERY OR CREMATORY St. Rose of Lima
LOCATION (City, town, or county) (State) Short Hills, N.J.
DATE REC'D BY LOCAL REGISTRAR 7-15-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR James T. Ryan, Inc. ADDRESS 317 Pa. Ave, SE Wash. 3, D.C.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS. A

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06903

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pr. Fred. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leroy (Middle) (Last) Hicks

4. DATE OF DEATH: (Month) 7 (Day) 23rd (Year) 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 6-10-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawerance Hicks
14. MOTHER'S MAIDEN NAME: Mary Boome

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary Boome Pr. Frederick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.0

Immediate cause (a) Strangled to death from
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) vomited milk
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fed just in bed and left for 6 hrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
and was found dead

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at 6 pm from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) One Ec. ADDRESS Orig. Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-24-53 NAME OF CEMETERY OR CREMATORY Carroll LOCATION (City, town, or county) Barstow (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-24-53 REGISTRAR'S SIGNATURE H. W. Ward 24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick Md

2063215406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415-1

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown, Md.; STREET ADDRESS (If rural, give location) Huntingtown, Md.

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) Henry (Last) KENT Jr.

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 27 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months 4, Days —; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Huntingtown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin H. Kent Sr.

14. MOTHER'S MAIDEN NAME: Rachel Ann Mosely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Herbert Kent - 921 Myrtle Ave. Balti, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 / 1, 19 52, to 7 / 28, 19 53, that I last saw the deceased alive on 7 / 2, 19 53, and that death occurred at 11 30 a.m., from the causes and on the date stated above.

SIGNATURE H W Ward (Degree or title) ADDRESS Huntingtown DATE SIGNED 7/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 2, 1953 | NAME OF CEMETERY OR CREMATORY: Mount Carmel Church Cemetery | LOCATION (City, town, or county) (State): Huntingtown Cal. Co. Md.

DATE REC'D BY LOCAL REG. 7-31-53 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR ADDRESS: Leroy Berry Huntingtown, Md.

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 905

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY ?
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nickelville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Lawton (Last) Kilgore
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 2-22-1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months 4 Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill
11. BIRTHPLACE (State or foreign country): Nickelville, Va.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: J. Lee Kilgore
14. MOTHER'S MAIDEN NAME: Mary Hartsock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 223.12-5609
17. INFORMANT & ADDRESS: Rella Kilgore - Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed head, neck chest
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Runned over by truck

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Huntingtown (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 17 Pm 7/8/53 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Slipped from Wrong truck

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 17 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Mitchell D. M. E. ADDRESS Dining Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF July 10, 1953
NAME OF CEMETERY OR CREMATORY Nickelsville Cem.
LOCATION (City, town, or county) Nickelville, (State) Va.

DATE REC'D BY LOCAL REGISTRAR 7/9/53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1[illegible]
BUREAU V. S.

116906

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash D C — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 51 Buchanan St — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs Sylvia (Middle) Loewy (Last) — 4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 53

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Div — 8. DATE OF BIRTH: 10/27/00 — 9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): New York NY — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benj Levy — 14. MOTHER'S MAIDEN NAME: Lena Hermendinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Lee Goldfarb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

43 1/X **Immediate cause** (a) Acute myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Buried dead in Potter's Field

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 2,30 p.m. 7/9/53 — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Howard Mazer Dr Med — 3500 14th St NW

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7-12-53 — NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem. — LOCATION (City, town or county) Hyattsville — (State) Md

DATE REC'D BY LOCAL REG July 9/53 — REGISTRAR'S SIGNATURE Grace L. Mitchell

24. FUNERAL DIRECTOR — ADDRESS

B Danzansky & Son — 3500 14th St NW

VS. A15A

RECEIVED
JUL 16 1953
BUREAU V

06907

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pt. Beach Prince Frederick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach X
STREET ADDRESS (If rural give location) ~~Prince Frederick~~ Mrs

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Suter (Last) Sanders
4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Oct 15, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Fairfax Co Va 43
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred H. Jacobs
14. MOTHER'S MAIDEN NAME: Mary Elizabeth O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs O. A. Zemmerli Chevy Chase Md 6317 Brookfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage — 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1953, to 7/31, 1953, that I last saw the deceased alive on 7/30, 1953, and that death occurred at 1:30 pm, from the causes and on the date stated above.

SIGNATURE H. M. Ward (Degree or title) Owing Md ADDRESS DATE SIGNED 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 3, 1953
NAME OF CEMETERY OR CREMATORY Mt Harmony
LOCATION (City, town, or county) (State) Mt Harmony Md

DATE REC'D BY LOCAL REGISTRAR Aug 1, 1953
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1953
BUREAU V. S.